

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10004117-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Assessing Health Of A	Subsyst	em Or Service Wi	thin A	Networked System	n		
the specification of whi	ch is att	ached hereto unle	ess the	following box is o	hecked:		
(X) was filed on Ju	ın 14, 2	001 as US	Applica	tion No. or PCT Ir	nternational App	olication	
Number		and was an	nended	on	(if applical	ole).	
I hereby state that I ha including the claims, as disclose all information	amend	ed by any amend	lment(s	 referred to above 	/e. I acknowie	ed specification, dge the duty to	
Foreign Application(s) and/or							
I hereby claim foreign priority inventor(s) certificate listed b a filing date before that of the	elow and	have also identified be	elow any	foreign application for	any foreign applica patent or inventor	tion(s) for patent or (s) certificate having	
COUNTRY		APPLICATION NUMBER		DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C 119	
N/A					YES:	NO:	
					YES:	NO	
Provisional Application							
I hereby claim the benefit un	der Title 3	35, United States Cod	e Sectio	n 119(e) of any United	d States provisiona	l application(s) listed	
below:		APPLICATION NUMBER		FILING DATE			
,		APPLICATION NOWIBER					
	-						
U. S. Priority Claim							
manner provided by the first paragraph information as defined in Title 37, Code application and the national or PCT internation APPLICATION NUMBER		e of Federal Regulation	of Federal Regulations, Section 1.56(a) which occur national filing date of this application:			red between the filing date of the prior	
POWER OF ATTORNEY: As a named inventor, I here business in the Patent and T	eby appoi rademark (nt the following attor Office connected there	ney(s) a ewith:	nd/or agent(s) to pros	secute this applica	tion and transact all	
Customer	Number	022879		Place Customer Number Bar Code Label here			
Send Correspondence to	:			Direct Telepho	one Calls To:		
HEWLETT-PACKARD CO	MPANY			Thomas X Li			
Intellectual Property Adm P.O. Box 272400	650 857 5972						
Fort Collins, Colorado 8	0527-240	0		650 657 557			
I hereby declare that a made on information a with the knowledge imprisonment, or both false statements may	and beli that wil , under	ef are believed to Iful false statem Section 1001 of	be tro ents a Title 1	ue; and further th nd the like so m 8 of the United S	at these staten nade are punis tates Code and	nents were made hable by fine of that such willfu	
Full Name of Inventor: Ale	xandre l	Bronstein		Citizenship: U	IS		
Residence: 89	894 Colorado Ave. Palo Alto CA 94303						
Post Office Address: Sa	Same as residence						
		4					
Inventor's Signature				Date			

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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	Inventor's
	Full Name
	Residence
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ford from July	Inventor's
	Full Name
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	Post Offi
)T	Inventor'
	Full Nam

Full Name of # 2 joint inventor:	Joydip Das		Citizenship: AU			
Residence:	269 Margarita Avenue Palo Alto, CA 94306					
· ·	Same as Residence					
Total office Addition						
Inventor's Signature		Date				
Full Name of # 3 joint inventor:	Sharad Singhal		Citizenship: US			
Residence:	11 Wakefield Court Belmont, CA	94002				
Post Office Address:	Same					
Inventor's Signature		Date				
Full Name of # 4 joint inventor			Citizenship: US			
Residence:	837 Ilima Ct., Palo Alto, Californ	ia 94306				
Post Office Address:	Same as residence					
Inventor's Signature		Date				
Full Name of # 5 joint inventor	:		Citizenship:			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
inventor's dignature		Date				
			O'C walks			
Full Name of # 6 joint inventor	·		Citizenship:			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
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Full Name of # 7 joint invento			Citizenship:			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of # 8 joint invento	or:		Citizen ship:			
Residence:						
Post Office Address:						
. vat Office Address.						
Inventor's Signature		Date				